

SBA COUNSELING EVALUATION

Resource Partner I.D. _____

CLIENT I.D. _____

Dear Counseling Client:

Your response to this evaluation form is extremely important to us; its purpose is to help us make our resource partner counseling services as meaningful and as beneficial as possible.

Please select the best responses to the following questions and fill in the circle completely with a No. 2 lead pencil. Also, if you believe more detailed responses would be useful, please feel free to provide additional comments on a separate sheet of paper.

1. How did you hear about Small Business Administration (SBA) counseling services?

- | | |
|--|--|
| <input type="checkbox"/> Telephone Book | <input type="checkbox"/> Chamber of Commerce |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> SBA |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Other _____ |

2. Are you presently a business:

- | | |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Employee |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Other _____ |

3. Please identify the one major business activity of either your present or proposed business:

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Not in business |
| <input type="checkbox"/> Service | <input type="checkbox"/> Construction | |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Other _____ | |

4. What type of legal structure has your business taken:

- | | | |
|--|--|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation | <input type="checkbox"/> Not in business |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> S Corporation | |

5. When you contacted the counselor/consultant, did you have a specific problem to be addressed?

☐ Yes ☐ No

If yes, check all that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Bus. Start-up/Acquisition | <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Personnel |
| <input type="checkbox"/> Source of Capital | <input type="checkbox"/> Finan. Analysis/Cost Control | <input type="checkbox"/> Computer Systems |
| <input type="checkbox"/> Marketing/Sales | <input type="checkbox"/> Inventory Control | <input type="checkbox"/> International Trade |
| <input type="checkbox"/> Government Procurement | <input type="checkbox"/> Engineering R&D | <input type="checkbox"/> Technology |

6. Did the assistance you received help you make the decision whether or not to go into business? ☐ Yes ☐ No ☐ Already in business
7. Did your request for assistance receive prompt attention? ☐ Yes ☐ No ☐ Unsure
8. Did the counselor/consultant respond to your needs? ☐ Yes ☐ No ☐ Unsure
9. Did the counselor/consultant point out other problem areas? ☐ Yes ☐ No ☐ Unsure
10. Did you receive specific recommendation(s) from the counselor? ☐ Yes ☐ No ☐ Unsure
11. In your opinion did the counselor/consultant possess the necessary skills to provide the assistance needed? ☐ Yes ☐ No ☐ Unsure
12. Thinking about the assistance that you did receive; do you believe that you could have obtained readily the same assistance from another source at a price your company could afford to pay? ☐ Yes ☐ No ☐ Unsure
- If no, then what total dollar value would you attach to the assistance that you received? \$ _____
13. Do you anticipate a need for additional assistance from the counselor/consultant in the future? ☐ Yes ☐ No ☐ Unsure
14. Would you recommend other small business persons to contact the counselor/consultant? ☐ Yes ☐ No ☐ Unsure
15. As a result of your counseling, have you made, or will you make, any changes in your business plan or operation? ☐ Yes ☐ No ☐ Unsure
- If no, check all that apply:
- ☐ Too early to determine ☐ Would take too long to implement
- ☐ Cost too much ☐ Other _____
16. In general, how would you rate the consulting services you received? ☐ Very good ☐ Good ☐ Undecided ☐ Poor ☐ Very poor
17. In general, do you believe that as a result of having received these counseling services, your business will:
- decrease its operating costs ☐ Yes ☐ No ☐ Unsure
- increase its profitability ☐ Yes ☐ No ☐ Unsure
- increase its sales ☐ Yes ☐ No ☐ Unsure
- increase its number of employees ☐ Yes ☐ No ☐ Unsure

18. Approximately how many total hours do you believe your counselor spent with you working on your business problem/opportunity? _____ Total Hours

CLIENT PROFILE

(Please fill in the circle completely for the category that best applies to you.)

19. Gender: ☐ Male ☐ Female
20. Age: _____ Years Old
21. Education: ☐ Some High/Vocational School ☐ Some College
 ☐ High/Vocational School Graduate ☐ College Graduate
 ☐ Community/Junior College Graduate ☐ Post Graduate
22. Military status: ☐ Veteran ☐ Disabled Veteran
 ☐ Vietnam-Era Veteran ☐ Not a Veteran
23. Racial/ethnic status: ☐ American Indian ☐ White, not Hispanic Origin
 ☐ Alaskan Native ☐ Hispanic
 ☐ Asian or Pacific Islander ☐ Other race (please specify below)
 ☐ Black, not Hispanic Origin _____

PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You will not be required to respond to this information collection if a valid OMB approval number is not displayed. If you have questions or comments concerning this estimate or other aspects of this information collection, please contact The U.S. Small Business Administration, Chief, Administrative Information Branch, Washington, D.C. 20416 and/or Office of Management and Budget, Clearance Officer, Paperwork Reduction Project (3245-0183), Washington, D.C. 20503.

Thank you for your participation!